

# CHAMBERS COUNTY EMPLOYEE WELLNESS PROGRAM



**“The Healthy Weigh of Life”**

**July 1, 2016 - June 30, 2017**

Sponsored by:  
The Chambers County Commissioner's Court  
With Assistance from a Variety of Community Resources

# CHAMBERS COUNTY WELLNESS PROGRAM

## "The Healthy Weigh of Life"

Please carefully review this manual for instructions and policy information.

**NOTE: TO PARTICIPANTS** - *Wellness Points will not be printed on your paychecks. Most participants are able to receive the information via e-mail and/or interoffice delivery.*

“The Healthy Weigh of Life” is Chambers County’s employee wellness program that encourages employees to adopt healthy lifestyle behaviors. We commend each individual who has chosen to participate in the Wellness Program and encourage all eligible employees to participate in this beneficial program.

Participation for credit will be allowed for new enrollees immediately upon return of a Wellness Program Participation Contract. Employees will not have to wait until the effective date for Health Plan coverage since this program is open to all eligible employees regardless of enrollment in one of the Health Plans offered by the County.

- **You will receive Wellness Points for certain screenings ONLY if your values are within NORMAL ranges. These screenings/tests include: Blood Pressure, Weight, Fasting Glucose, Total Cholesterol, LDL, Triglycerides, HDL, and Body Mass Index. We encourage you to work toward healthy values for these screening tests, and credit will be awarded once they are within NORMAL range.**
- **Proof of Activity: If turning in a receipt, the receipt must show what type of test/activity was performed.**

**Wellness Program Email: [wellnessprogram@co.chambers.tx.us](mailto:wellnessprogram@co.chambers.tx.us)**

The next few pages outline Chambers County's 2016-2017 plan to encourage each eligible employee and retiree to participate in the Wellness Program and to become aware of the choices that lead to a healthier lifestyle. In addition to enjoying the health benefits related to participation in the Wellness Program, Chambers County also offers monetary reimbursement incentives to reward those individuals who choose to participate in the program. These monetary reimbursements are directly related to the points awarded for completion of the various requirements. **Each point awarded is equivalent to a \$1.00 monetary reimbursement. The maximum reimbursement allowed for each participant is \$300.00 per program year. This amount is considered as income and will be taxed.**

**CHAMBERS COUNTY WELLNESS PROGRAM**  
**"The Healthy Weigh of Life"**  
**REIMBURSEMENT PROCEDURES AND REQUIREMENTS**

**To be eligible to participate in the program:**

1. A Chambers County employee must meet the eligibility requirements for participation in one of the Medical/ Dental Plans but enrollment is not required. Part-time employees are not eligible to participate. **A current Chambers County retiree must also meet the eligibility requirements for participation and be enrolled in the Medical/ Dental Plans offered by the County in order to be eligible to participate in the Wellness Program.** Employees who retire after November 1<sup>st</sup> must be enrolled in one of the Medical/ Dental Plans at the time of retirement and continue Health Plan enrollment in order to participate as a retiree.
2. **Every eligible employee or retiree who wishes to participate in the Wellness Program and receive credit for reimbursement must sign a Participation Contract.** If you do not turn in this contract, you will not be considered a participant. THE PARTICIPATION CONTRACT IS ON-GOING. Once you have enrolled in "The Healthy Weigh of Life" program, you are enrolled until your employment is terminated for any reason or you change status to part time or you retire and do not opt for medical insurance coverage with Chambers County.
3. **The effective date for participation in the Wellness Program will be the date on which the employee's Participation Contract is received in the Wellness Center. Credit will not be awarded for activities that were completed prior to the effective date for participation.**
4. Participants must also be employed with Chambers County up **through December 31<sup>st</sup>** to be eligible for reimbursement.
5. **Affidavits or Proof of Activity for each of the activities completed during the program year (July 1<sup>st</sup> to June 30<sup>th</sup>) must be turned in to the Wellness Center in order for points to be awarded and reimbursement received. Please note that affidavits will be due within 30 days of the activity except those completed in June which will be due by July 3 of each year.** For each participation affidavit that is provided to the Wellness Center, participants will receive a wellness credit. Participants will receive a date stamped copy of the "Participation Contract" once that is received. That is the only copy that we will send (unless the employee requests specific copies). Copies will be mailed to retirees.
6. **Policy for on-going participation contract – Participants will receive updates of points earned quarterly. Those participants who reach their maximum number of points (300) before June 30th may continue to send in wellness affidavits throughout the remainder of the year if they so choose however, points are not rolled over into the next year.** The proposed dates of reporting are September 30, December 31, Health Fair, and July 15. Employees will have one week to appeal (if there is any discrepancy between the amount that the employee thinks they have earned and the amount shown by "The Healthy Weigh of Life"). Employees who do not appeal the amount will be reimbursed that amount by default.

After July 3<sup>rd</sup> the Wellness Center personnel will review and approve each of the contracts for fulfillment of the reimbursement requirements. Participant files may also be audited by the Chambers County Worksite Wellness Committee. **Following the audit, reimbursements which meet final approval will be paid to the participants no later than December 31<sup>st</sup> each year. Elected officials will receive reimbursements the following January due to setting and posting of annual salaries.**

### **Individual Item Requirements for Reimbursement:**

1. **Mandatory Comprehensive Physical Examination:** The examination may cover a number of factors such as weight, cholesterol levels, blood pressure, diabetes screening, and various cancer screenings. An affidavit is required as proof that the participant was examined by their doctor or other qualified healthcare provider. **All employees must have that healthcare provider initial each item, (check marks are not acceptable for credit) and sign and date the affidavit to verify that the items listed were performed during the participant's annual examination.** The participant will also need to sign and date the affidavit before submitting it for credit. Note: A comprehensive physical is mandatory for all Full-Time Chambers County employees and employment with Chambers County is dependent upon confirmation of physical. Physicals may be obtained through the Employee Health and Wellness Center or another qualified medical provider.
2. **Annual Eye Exam:** An affidavit should be completed by each participant whose optometrist or ophthalmologist completed an eye exam and who wishes to receive credit for the exam. **An initialed and signed affidavit from a physician is required as proof that the participant was examined by their doctor.**
3. **Biannual Dental Exam:** Participant's will receive 15 points for each dental checkup performed during the Wellness year. A maximum of two checkups, 6 months apart, will be allowed for points. **An initialed and signed affidavit from a physician is required as proof that the participant was examined by their doctor.**
4. **Non-Smoker/Non-User of Tobacco Products:** Participant's signature on an affidavit means that they do not smoke nor do they use any tobacco product. It also means that they will not smoke or use tobacco products during the next 12 months of the contract period. **Participants who sign an affidavit and then fail to comply with their statement of non-use will relinquish their rights to the reimbursement points. If the participant should begin using tobacco products at any time during the 12 months of the contract period, the participant should contact the Wellness Center to withdraw their affidavit (for that \$25 non-tobacco use credit).**
5. **Health Fair and Fitness Screening Activities:** The Chambers County Health Fair is a mandatory event for all county employees. The screening activities will be offered at a health fair for employees; however, employees who have these screenings done elsewhere may receive credit. The screenings must be performed by licensed healthcare (R.N., M.D., D.O., PA-C, FNP, etc.) fitness professionals with national certifications (ACSM, ACE, AAI/ISMA, etc.) and/or degrees in exercise physiology, exercise science. Fitness tests include cardio-fitness testing, body composition (% body fat), flexibility, and muscular strength. Additional Health Fair-type screenings (may also be performed at physician's office) may include some of the usual tests such as blood pressure, but will also include bone density, pulmonary function, hearing tests and testing done for blood donations.

*Note: The annual Chambers County employee health fair has a special affidavit form which is created for that event alone and is available at the event each year. For other health fairs, the "The Healthy Weigh of Life" bio-medical and fitness-related screenings affidavit may be used. Tests that do not appear on the form need to be written in & the healthcare provider(s) doing the screening needs to initial and sign that values are in healthy range for wellness points to be received. Each employee will receive a maximum of 50 Wellness Points for Participation in the Chambers County Health Fair. This includes all screenings performed at the health fair.*

6. **Stress Management Session:** In order to receive credit for attendance, Wellness Program participants will need to sign the attendance sign-in sheet when they attend a session offered by Chambers County. Participants can also receive credit by viewing a videotape of the session, and by completing an evaluation form and submitting it along with a completed Wellness Affidavit to the Wellness Center. Participants will receive 5 points for each video or book session and 15 points for each class. **Participants may not receive credit for viewing videos twice or for viewing videotapes of classes they attended that year.** If employees go to a session not held by Chambers County they will need a signed affidavit from an instructor or a massage therapist as proof of attendance at a Stress Management

**Massage Therapy Session:** Each 15-minute session equals 5 points of credit; Each 30-minute session equals 10 points of credit; Each 60-minute session equals 15 points of credit. **Participants are limited to a maximum of 45 points of credit, per contract year.**

7. **Wellness Activities:** In order to receive credit for attendance, Wellness Program participants will need to sign the attendance sign-in sheet when they attend a class offered by Chambers County. Participants can also receive credit by viewing a videotape of the class and by completing a program evaluation and submitting it along with a completed Wellness Affidavit to the Wellness Center. Participants will receive 5 points for each video or book session and 15 points for each class. **Participants may not receive credit for viewing videos twice or for viewing videotapes of classes they attended that year.** If they go to a class not held by Chambers County, they will need a signed affidavit from the instructor as proof of attendance. Please include a copy of the flyer or advertisement for the class. **Participants may receive credit for up to six (6) classes per contract period. Three (3) must be live and three (3) of those can be book or video.**
8. **Fitness Club Membership:** **Please use Affidavit of Completed Wellness Activity For Physical Fitness (Form 2a) to report activities.** Participant must obtain the signature of an employee of the fitness center as their witness and must also sign the affidavit stating that they have participated in fitness activities at a facility during the time period. Credit for participation will be awarded based upon thirty (30) day periods. Periods of less than 30 days will not be awarded points. Credit for the membership will include all activities offered at the facility. **We will not be able to award 15 points credit a month each for different activities such as step aerobics, weight lifting, yoga, Pilates and so on.** The activities at the gym are all-inclusive.

**\*Note –Wellness point credit is not for membership alone. To receive credit, participants also need to be active in physical fitness activity at least an average of four times per week**

Specific guidelines for requirements on earning wellness points for fitness program and group fitness participation are as follows: **Employees need to participate in their physical fitness activity no less than an average of four times a week, four weeks a month, during each 30 day period they claim.** It is recommended that, for good health, we exercise aerobically no less than 30 minutes a day most days a week.

\*“The Healthy Weigh of Life” recognizes that sedentary individuals need to start somewhere and is encouraging participation, thus we do not require 3-5 days a week of fitness activity for wellness credits, although it is recommended by the American College of Sports Medicine (ACSM).

\*In Sept. '02 a panel of health & fitness experts came out through the media with a new recommendation of one hour each day - so, do the best you can to build up that activity level.

\* 10,000 or more steps are now eligible for fitness points (minimum of 4 days per week, 4 weeks per month; can be tracked on fit-bit, boomerang, garmin, or etc.)

9. **Fitness Group Participation:** **Please use Affidavit of Completed Wellness Activity For Physical Fitness (Form 2a) to report activities.** Participants will be allowed to exercise in groups of two (2) or more without membership in a fitness center. This category may include participation in organized sports (outside of a fitness facility membership) such as volleyball, softball, square dancing, etc. It also includes such activities as jogging, walking, out door family activities such as gardening, horseback riding and so on. Credit for participation will be awarded based upon thirty (30) day periods. Periods of less than 30 days will not be awarded points.

10. **Participation in a Wellness Focus Activity:** A participant’s signature on an affidavit verifies that they participated in the stated activity. Wellness Focus Activities include those designated by “The Healthy Weigh of Life” Coordinator. Other focus activities include participation in non-profit fund-raisers such as: “Race for the Cure” – American Diabetes Association; “Relay for Life” – American Cancer Society and others. **Participants will need to include a flyer or copy of the registration form.** Other wellness focus activities may include attending series classes (Worksite Wellness Education Classes, Healthy Cooking Classes, and Weight Watchers are some examples).

\* Weight Watchers—Employee must attend a minimum of 3 classes per month, to receive credit.  
(10 points / per month)

Participants will need to have the instructor witness the affidavit forms. If participant is attending classes on a regular basis, more than once a month, please utilize the Affidavit Form 2a to report your participation—this still requires a copy of the flier or registration form.

**Submit other request for Wellness Focused Activities to the Wellness Program for evaluation of credit.**



**CHAMBERS COUNTY WELLNESS PROGRAM**  
**"The Healthy Weigh of Life"**

Each Point = \$1.00 \* Maximum Pre-Tax Reimbursement Per Employee = \$300.00 \* Subject to taxes & retirement

FORM	ACTIVITY	POINTS
1	Comprehensive Annual Physical Examination (fasting suggested 12 hours prior to exam)	50
1	Weight (must be in healthy range for credit)	10
1	Total Cholesterol Level (must be in healthy range for credit)	5
1	LDL Level (must be in healthy range for credit)	5
1	HDL (must be in healthy range for credit)	5
1	Triglycerides (must be in healthy range for credit)	5
1	Blood Pressure (must be in healthy range for credit)	10
1	Diabetes Screening (must be in healthy range for credit)	10
1	Skin Cancer Screening	15
1	BMI	10
1	Male: Annual Prostate Exam (Age 45 or over, or recommended by physician) and/or PSA	15
1	Female: Annual Breast Exam or Annual Mammogram	15
1	Colorectal Cancer Screening (stool occult blood, sigmoidoscopy –after age 50)	15
1	Cervical Cancer Screening (pap smear)	15
1	Pulmonary Function Screening	15
1	Bone Density Screening	15
1	Eye Exam	15
1	Dental Exam (twice a year, once every six months)	15
1	Non-Smoker/Non-User of Tobacco Products, per contract period	25
2	Stress Management Live Session (Maximum 3 sessions per year)	15
	Stress Management Video/Book (Maximum 3 per year)	5
2	Wellness Activity - Live Session (Maximum 3 sessions per year)	15
	Wellness Activity - Video/Book (Maximum 3 sessions per year)	5
2A	Fitness Program Membership, per 30 day period (average 2x's/wk)	15
	Fitness Group Participation, per 30 day period (average 2x's/wk)	15
2 /2A	Participation in a Wellness Focus Activity	15
2A	Weight Watchers (must attend a minimum of 3 classes, per month = 10 points, per month)	10
3	Participation in County Health Fair <i>This is inclusive of attendance at the health fair and all screenings offered at the health fair.</i>	50
3	Health Fair (Non-County)	15
1	Fitness Screening Tests: <i>All values need to be in normal range or better (or the participant needs to be under the guidance of a professional fitness trainer to bring into healthy range)</i>	10
	Cardio Fitness (Vo2 Max or Sub Max)	10
	Flexibility (Sit & Reach, etc.)	10
	Body Composition (% Body Fat)	10
	Muscular Strength	10
	Muscular Endurance	10
copy of card	CPR and Defibrillator Training (1 <sup>st</sup> per year)	100
1	EKG	15
	Wellness Worksheets	5



## Chambers County Employee Wellness Program **“THE HEALTHY WEIGH OF LIFE”** **PARTICIPATION CONTRACT**

By signing this contract for participation in the “The Healthy Weigh of Life” Wellness Program, I am agreeing to the following:

1. I will read/review the policy and procedure manual each year to learn of any changes in requirements for earning wellness points. I understand it is my responsibility to stay alert to any changes in the wellness program policies.
2. Upon request, a copy of this Participation Contract will be sent to me from "The Healthy Weigh of Life" office in the Wellness Center to keep as my own permanent record.
3. I will complete required affidavits and turn them in within the deadlines set by the committee.
4. I am enrolled in “The Healthy Weigh of Life” wellness program on an ongoing basis and do not need to renew this contract as long as I am employed with Chambers County as a regular employee eligible for medical insurance. If I am a retiree I must continue enrollment in the Chambers County Medical Plan in order to be eligible to participate in “The Healthy Weigh of Life”.
5. If my employment with Chambers County is terminated for any reason, I will not be eligible for reimbursement.
6. This contract must be received by “The Healthy Weigh of Life” coordinator prior to any activity for which I am claiming wellness points.
7. Upon request, a copy of the Reimbursement Form reflecting my accumulated wellness points will be sent to me.

**If I do not agree, I have one week to appeal the amount of reimbursement on that contract.**

**If I do not appeal, I will receive that amount during the scheduled payment period.**

**It will be my responsibility to make sure I have received my  
 final report of wellness points earned, by July 20th.**

\_\_\_\_\_  
 Employee/Retiree (Participant) Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Employee

\_\_\_\_\_  
 County Department (Where Employed)

\_\_\_\_\_  
 Phone Number

Employee E-mail address: \_\_\_\_\_ (for Wellness communications only)



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# CHAMBERS COUNTY WELLNESS PROGRAM

## “The Healthy Weigh of Life”

### AFFIDAVIT OF COMPLETED WELLNESS ACTIVITY

**Note to Physician or Health Care Provider:** Due to the nature of our wellness program please initial the first box that states “checked”, check marks are not acceptable. Then circle yes or no to determine whether the patient is in the healthy range of the test. Points available are listed next to each screening.

Health Care Provider <u>Initials</u> Required Below					
	Initials	Healthy		Initials	Healthy
Comprehensive Physical (50)		*****	Male: Prostate Exam/PSA (15)		*****
Weight (10)		Yes/No	Breast Exam or Mammogram (15)		*****
Diabetes Screening (fasting glucose) (10)		Yes/No	Colorectal Cancer Screening (stool for occult blood, or colonoscopy) (15)		*****
Blood Pressure (10)		Yes/No	Cervical Cancer Screening (15)		*****
Total Cholesterol (5)		Yes/No	Bone Density Screening (15)		*****
LDL (5)		Yes/No	Pulmonary Function Screening (15)		*****
Triglycerides (5)		Yes/No	Skin Cancer Screening (15)		*****
HDL (5)		Yes/No	EKG (15)		*****
Fitness/Health Professional <u>Initials</u> Required Below					
Flexibility Testing (Sit & Reach, etc.) (10)		*****	Body Composition (% Body Fat) (10)		*****
Muscular Strength (10)		*****	Body Mass Index (10)		Yes/No
		*****	Muscular Endurance (10)		*****
Dentist			Optometrist/Ophthalmologist		
Dental Cleaning/Exam (15)		*****	Eye Exam (15)		*****
Employee <u>Initials</u> Required Below					
Non-Smoker or User of Tobacco Products (Witness signature required below). _____ I do <u>not</u> use tobacco products.					

*I have read the Wellness Program Reimbursement Procedures and Requirements. I hereby certify that I have fulfilled the Wellness Program individual items requirements for reimbursement for the activity (or activities) noted above. I understand that I can submit an affidavit form for each activity completed or for more than one activity at a time.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Signature of Physician, Witness, Therapist or Instructor

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Department

\_\_\_\_\_  
Printed Name of Physician, Witness, Therapist or Instructor

\_\_\_\_\_  
Date (please complete)

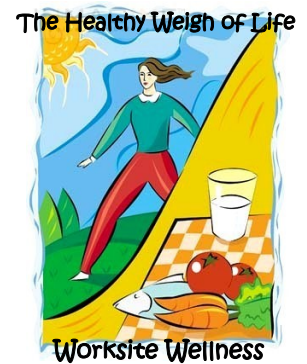
\_\_\_\_\_  
Address & Ph# of Physician, Witness, Therapist or Instructor

*Note to Participant: Please retain a copy of this document for your records before sending the original to the Wellness Center. Also, for your convenience, we can accept forms faxed directly from the healthcare provider's office with either a business header from the fax machine or other proof of origin. Proof of Activity: This form completed by your physician or licensed health care provider, a copy of paid receipt (showing testing), copy of insurance claim (showing testing), or copy of EOB.*



**“The Healthy Weigh of Life”  
Chambers County Employee Wellness Program**

**A Letter to Healthcare Providers**



Dear Healthcare Provider:

This letter is a brief explanation of “The Healthy Weigh of Life” program’s reimbursement for participating Chambers County employees and active retirees. Our employee wellness program uses an affidavit form to credit participants with preventive health checks each year. The “Comprehensive Annual Exam” would include such things as the face-to-face meeting with the patient, discussing health history and current concerns, listening to heart and respiration sounds, palpation of abdominal area, palpation of throat, testing for reflexes, etc. The blood pressure testing, prostate screening, mammography, lab test (blood work), skin and colorectal cancer screenings, etc., are in addition to what we are identifying as the *Comprehensive Physical Exam*. [These tests will earn additional wellness points for employees; however, it is purely the healthcare provider’s decision as to the necessity of these tests.](#)

The “The Healthy Weigh of Life” program staff understands that there are specific recommended protocols for the frequency of health screening tests. [The program participants do receive a monetary reimbursement for having these screenings performed; however, that is not the only way that they can earn points for reimbursement.](#) We are recommending that they engage in regular physical exercise, take pro-active steps in managing stress (by having massages now and then), participate in educational activities which will help them make healthy choices in nutrition, fitness and many other wellness activities. For these activities they may also earn wellness points.

We greatly appreciate your willingness to complete the affidavit form with your signature and your initials by each of the items tested. We encourage an ongoing relationship between our employees and their medical provider, and in doing such encourage healthy values for their screening tests. If the participant’s values are outside of the normal range for the following screenings, they will not receive wellness points for that activity until their values are within normal range. These include (Weight, Blood Pressure, Total Cholesterol, LDL, Triglycerides, HDL, and Body Mass Index).

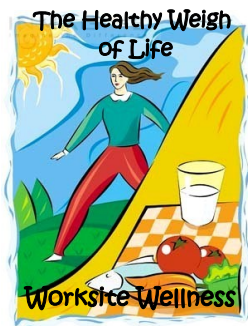
Please understand that we are not making any recommendations that the screening tests listed on the affidavit should be performed on all participants. It is solely up to you and that patient as to what tests are appropriate.

Please feel free to contact the “The Healthy Weigh of Life” offices  
with any questions, comments or concerns.

The telephone numbers are (409) 267-3160 (Wellness Center); (409) 267-2455 (County Treasurer’s Office).

Sincerely,

“The Healthy Weigh of Life” Wellness Committee



# 2

## CHAMBERS COUNTY WELLNESS PROGRAM “THE HEALTHY WEIGH OF LIFE” AFFIDAVIT OF COMPLETED WELLNESS ACTIVITY

Page 10

**Note to Staff/Instructor** - Due to the nature of our wellness program, we ask that you please sign and fill out the information below. **Thanks!**

**ALL AFFIDAVITS ARE DUE IN THE WELLNESS CENTER WITHIN  
THIRTY (30) DAYS OF THE COMPLETED ACTIVITY.**

### Stress Management Activities

#### Live Session (Limit of 3 per contract year) (includes Message Therapy—refer to page 4, section 6)

An affidavit is only required for Non-County Sponsored Activities.  
Sign In Sheets for County Classes are used in place of affidavits.

#### Video or Book (Limit of 3)

To receive wellness points for videos/books, fill out the fact table below.

\_\_\_\_\_  
Session Name and Date

**Class Instructor Must Sign Below**

\_\_\_\_\_  
Title of Video/Book and Date Completed

### Wellness Activities

#### Live Class (Limit of 3)

An affidavit is only required for Non-County Sponsored Activities.  
Sign In Sheets for County Classes are used in place of affidavits.  
Why Weight Program—guest speakers

#### Video or Book (Limit of 3)

To receive wellness points for videos/books, fill out the fact table below.

\_\_\_\_\_  
Class Name and Date

**Class Instructor Must Sign Below**

\_\_\_\_\_  
Title of Video/Book and Date Completed

#### Participation in a Wellness Focus Activity

Witness signature required below.

\_\_\_\_\_  
Focus Activity Name and Date

### Video/Book Fact Table

**Employees must list four facts learned from the video/book to receive credit.**

1.	2.
3.	4.

*I have read the Wellness Program Reimbursement Procedures and Requirements. I hereby certify that I have fulfilled the Wellness Program individual items requirements for reimbursement for the activity (or activities) noted above. I understand that I can submit an affidavit form for each activity completed or for more than one activity at a time.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Signature of Witness, Staff, Therapist or Instructor

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Department

\_\_\_\_\_  
Printed Name of Witness, Staff, Therapist or Instructor

\_\_\_\_\_  
Date (please complete)

\_\_\_\_\_  
Address & Ph# of Witness, Staff, Therapist or Instructor

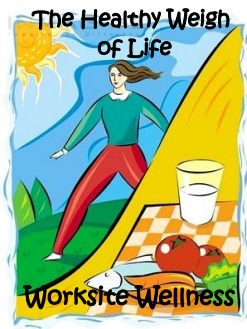
*Note to Participant: Please retain a copy of this document for your records before sending the original to the Wellness Center. Also, for your convenience, we can accept forms faxed directly from the healthcare provider's office with either a business header from the fax machine or other proof of origin. Proof of Activity: This form completed by your physician or licensed health care provider, a copy of paid receipt (showing testing), copy of insurance claim (showing testing), or copy of EOB.*



## Page 11

[illegible]

*Note to Participant: Please retain a copy of this document for your records before sending the original to the Wellness Center.*



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## CHAMBERS COUNTY WELLNESS PROGRAM “THE HEALTHY WEIGH OF LIFE” AFFIDAVIT OF COMPLETED WELLNESS ACTIVITY For Health Fair Participation

**Note to Health Fair Worker** - Employees of Chambers County are participating in a wellness reimbursement program where they earn points for participating in health related events. This form is used for health fair related screenings. The form does not include the acceptable healthy ranges for cholesterol, blood pressure etc. since we rely on your knowledge of the healthy ranges for participants. If your health fair includes screenings not listed, please use the blanks. Due to the nature of our wellness program, we do ask that you please initial responses & sign below—check-marks are not acceptable. Please initial “yes” when values are within healthy ranges. *Thanks!*

**ALL AFFIDAVITS ARE DUE IN THE WELLNESS CENTER WITHIN THIRTY (30) DAYS OF THE COMPLETED ACTIVITY.**

### Health Fair Workers Initials Required Below

	Initials	Healthy		Initials	Healthy
Weight		Yes/No	Cholesterol Level		Yes/No
Blood Pressure		Yes/No	Glucose Level		Yes/No

### OTHER SCREENINGS or BOOTH VISITED:

Booth Name/ Sponsor	Presenter Initials	Booth Name/ Sponsor	Presenter Initials

*I have read the Wellness Program Reimbursement Procedures and Requirements. I hereby certify that I have fulfilled the Wellness Program individual items requirements for reimbursement for the activity (or activities) noted above. I understand that I can submit an affidavit form for each activity completed or for more than one activity at a time.*

Employee Signature

Signature of Health Fair Worker

Printed Name of Employee

Department

Printed Name of Health Fair Worker

Date (please complete)

Location and/or Phone # of Health Fair

**Note to Participant:** Points for health fair participation shall be no more than 15 points and final value will be determined by level of individual participation as reviewed by the Chambers County Wellness Reimbursement Program Committee (i.e.—**Full points (15) will not be earned for just having one screening**). It will be helpful to the committee if you can attach a promotional flier to your signed affidavit. **Participants may receive credit for up to four (4) health fairs per contract period.**

Please retain a copy of this document for your records before sending the original to the Wellness Center.

Proof of Activity: This form completed by your physician or licensed health care provider, a copy of paid receipt (showing testing), copy of insurance claim (showing testing), or copy of EOB.